

February 21, 2020
Heather Smith, Safety Education Instructor
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Before the Appropriations Committee

Good Evening Senator Osten, Representative Walker and members of the Committee, my name is Heather Smith and I am a P1 safety Education Instructor (SEI). I work a non-standard shift at the Safety Education Training Unit (SETU). I have worked 16 years for DMHAS, and have 36 years of experience in Healthcare/Human Services doing everything from administrative to clinical and line staff work. I have worked in both the private and the public sector at settings that range from Hospitals to Community. I am here today to speak about mental health services in Connecticut and the need to adequately fund, staff and train the workers who deliver these services.

I work for the SETU, which is not immune to the same staffing shortages that the whole of DMHAS is struggling with. Currently, there are only 7 trainers that assure Agency compliance in totality, which doesn't include the non-profit, state funded agencies that used to be included in our scope.

SETU was at one time 12 people strong, then 9, then 6, then 4. Currently, we have 7 Safety Education Instructors and one training program coordinator, but 5 of the SEI's were hired in the Fall of 2018. Those 5 SEI's are new to this division and are mostly inexperienced in regards to safety training. Of the 5, three have CPR teaching experience and one of the three is a retired firefighter with evident, additional safety knowledge.

The SETU provides Mandatory/contractual/experiential training for Agency staff, who then provide direct care to our DMHAS clientele. Training includes: lifesaving techniques and physical skills pertaining to containment of violence/those individuals who may, pose immediate risk to themselves or others along with de-escalation skills, verbal and non-verbal techniques/communication for a person centered trauma informed care interaction with DMHAS clientele.

I like the different faces and places that each day brings to the classroom. I enjoy the different energy that I get from each trainer/staff interaction. I hope to make a difference in the staff person's perspective/skill level, both professionally and perhaps personally. Ideally, I strive to facilitate safe, collaborative and meaningful interactions, person to person while improving one's situational awareness to any given time.

As I said earlier, even the SETU is short staffed. We are only up from 4 SEI's to now 7 SEI's. We have been operating with very few trainers since 2014! As representatives of the Office Of the Commissioner (OOC) and the first staff which new employees will spend a three day training course with, there should be more consideration about how many trainers we have within the SETU. In order to provide the proper training to all participants, you

need two SEI's per class. This is hard to do because we are always travelling and may have but one office day a week with a large equipment turnover requiring maintenance.

I worry about burnout and physical injury with the current staffing situation. Especially with non-experienced staff, this is a huge concern. There is also burnout, compassion fatigue, inability to communicate with interest, much less empathy, that greatly affects safe outcomes in compromised or escalating situations and day to day interactions with patients.

Ultimately, employee morale is determined by its Management. Many times, Supervisory/Management personnel are hired without practical experience pertinent to subordinate responsibilities but may hold multiple credentials in other areas of human services/healthcare. If they would revive a simple technique called the MBWA theory: "Management By Walking Around" I feel that staff morale would increase. Be involved, know your staff and clients and pitch in where needed. Lead by example! Organizational morale improves when there is a true sense of teamwork that is led with integrity. All too often, those that speak out or question current practice respectfully are those that are targeted regardless of policy and protocol.

Ultimately, the state has a dual responsibility to the clientele and the workers to provide a safe and secure working environment that includes adequate resources. Adequate staffing can make the difference in a life altering injury or the assessment to an unacceptable/safe intervention.

The people I work with need support, training, and follow up to the needs that are cited. They also need involvement and understanding from supervisory levels as to what it takes to get the job done safely while making a difference in another person's recovery path. Open communication is greatly needed; we teach different aspects of safety: physical, psychological, social and moral – these cannot be attained if trust is not present and communication is stunted. I urge to you fund DMHAS so that we can address staffing and management issues and continue to give the quality of care that we do to our patients and the workers that I help train.

Thank you for your time.